



# VENTILATOR RENTAL AGREEMENT

**Rental Type (circle one):**      CV      MVP10      IC2A

Please provide serial number of vent(s) to be sent in for service: \_\_\_\_\_

If multiple service vents needed, please provide serial numbers of all vents:  
\_\_\_\_\_

## CUSTOMER INFORMATION

Customer Email: \_\_\_\_\_  
Contact Name & Title: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## REQUIREMENTS

1. Customer is responsible for keeping the rental in the same condition it was received.
2. Customer is responsible for all shipping charges.

## RENTAL PERIOD

1. **The Rental must be returned within 10 business days of receipt of the serviced vent(s). A late fee of \$25 per day will be charged to the credit card below for any delay in return.**
2. Your credit card will be charged monthly, after the 10 business days, until rental unit is returned.
3. If a credit card is not available, I agree to issue a purchase order to cover the monthly late charges as described above.

## COSTS

1. Rental fee: \$485
2. Total Shipping Charge: \$ TBD
3. Late Charge: \$ 25 per day until unit is returned will be charged to the credit card below.

## CUSTOMER BILLING INFORMATION:

Bill to: \_\_\_\_\_  
Bill to Email \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
PO # (or Credit card #) \_\_\_\_\_

WE WILL NEED A COPY OF THE PURCHASE ORDER

**I agree to follow the above instructions and I authorize to charge the credit card or issue a purchase order in accordance with the costs outlined above.**

\_\_\_\_\_  
Authorizing/Cardholder's Signature

\_\_\_\_\_  
Date

SCAN & EMAIL THE FORM AND A COPY OF YOUR PURCHASE ORDER TO: [custserv@biomeddevices.com](mailto:custserv@biomeddevices.com)

FAX: 203 458 0440

If you prefer, you can call us with the cc information (800) 224-6633,  
however, we will need to have this form filled out and signed.